** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning JUL 1 2020 and ending JUN 30 2021

<u> </u>		- 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>								
	heck if	C Name of organization			D Employ	er identifi	cation number				
	Addre										
	Name	D : I : I ANDECA	91-	1158970							
	Initial return		I street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final	1424 FOURTH AVE	mvorou to otroot uuuroooj	430		528-5880					
	return termir ated	City or town, state or province, country, and	7IP or foreign postal code		G Gross rece	ipts \$	9,018,400.				
	Amen	ded GEATUTE WA 98101	Zii di lalagii postal oddo		H(a) Is this						
	return Application	· · · · · · · · · · · · · · · · · · ·	S JOCHNICK		7	ordinates					
	pendi	SAME AS C ABOVE			H(b) Are all si						
ΙТ	27-07		(insert no.) 4947(a)(1)	or 527	7 ` ´		list. See instructions				
		te: WWW.LANDESA.ORG	(III3611110.) 4347 (a)(1)	101 321	٠ - ١		n number				
			ssociation Other	I Vear			M State of legal domicile: WA				
	rt I	Summary	occontation outloop	L 10a1	or formation,		VI Otate of legal dofficite, ****				
	1	Briefly describe the organization's mission or most	significant activities: LANDES	SA CHAMPI	ONS AND WO	RKS TO					
Governance	•	SECURE LAND RIGHTS FOR MILLIONS OF TH									
nar	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of	its net as:	sets.				
ve	3	Number of voting members of the governing body	(Part VI, line 1a)			3	16				
ၓ	4	Number of independent voting members of the government					13				
Š	5	Total number of individuals employed in calendar y					46				
iţie	6	Total number of volunteers (estimate if necessary)					57				
Activities &	7 a	Total unrelated business revenue from Part VIII, co	. (0)			l _	0.				
Ă		Net unrelated business taxable income from Form	. ,,				0.				
			,		Prior Ye		Current Year				
_	8	Contributions and grants (Part VIII, line 1h)				06,171.	6,913,832.				
Revenue	9				2,9	76,028.	2,098,826.				
) Ve	10	Investment income (Part VIII, column (A), lines 3, 4			•	832.	5,742.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				14,376.	-66,426.				
	12	Total revenue - add lines 8 through 11 (must equal			15,0	97,407.	8,951,974.				
	13	Grants and similar amounts paid (Part IX, column (84,087.	148,214.				
	14	Benefits paid to or for members (Part IX, column (A				0.	0.				
"	15	Salaries, other compensation, employee benefits (I	, , , , , , , , , , , , , , , , , , , ,		6,2	29,366.	6,255,852.				
Expenses			ofessional fundraising fees (Part IX, column (A), line 11e)								
ben		Total fundraising expenses (Part IX, column (D), line					25,000.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d	•		4,1	25,380.	3,391,434.				
		Total expenses. Add lines 13-17 (must equal Part II				38,833.	9,820,500.				
		Revenue less expenses. Subtract line 18 from line				58,574.	-868,526.				
or es					ginning of Cur	-	End of Year				
Assets or d Balances	20	Total assets (Part X, line 16)				78,988.	11,331,438.				
Ass Ba	21	Total liabilities (Part X, line 26)				16,756.	937,732.				
Net	22	Net assets or fund balances. Subtract line 21 from	line 20			62,232.	10,393,706.				
Pa	rt II	Signature Block		•			•				
Unde	er pena	lities of perjury, I declare that I have examined this return,	, including accompanying schedule	es and statem	ents, and to the	best of my	/ knowledge and belief, it is				
true,	corre	et, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowl	edge.					
		A MAN MAN			04/	01/22					
Sigr	1	Signature of officer			Dat	е					
Her	е	STEVE VITALICH, DIRECTOR OF FINAN	ICE								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN				
Paid		JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	o	3/31/22	if self-employ	_{/ed} P00183358				
	arer	Firm's name CLARK NUBER PS	•		Firn	n's EIN ▶	91-1194016				
	Only	Firm's address 10900 NE 4TH ST STE 1400)		1						
	•	BELLEVUE, WA 98004			Pho	ne no.425	-454-4919				
Mav	the I	RS discuss this return with the preparer shown abo	ve? See instructions		1		X Yes No				

	Check if Cabadula O contains a response or mate to any line in this Doub III	Х
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission: LANDESA CHAMPIONS AND WORKS TO SECURE LAND RIGHTS FOR MILLIONS OF THE	
	WORLD'S POOREST, MOSTLY RURAL WOMEN AND MEN TO PROVIDE OPPORTUNITY AND	
	PROMOTE SOCIAL JUSTICE.	
	THOUGH BOOTHE CONTINUE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res No
2		Ves X Ne
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _ANo
4	If "Yes," describe these changes on Schedule O.	0./.0.000
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression for each pregram parties reported.	cpenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$2,731,233. including grants of \$148,214.) (Revenue \$	205,919.
4a	ASIA IS HOME TO THE LARGEST RURAL POPULATION IN THE WORLD, WHERE LAND	
	RIGHTS ARE ESSENTIAL TO IMPROVING LIVES AND LIVELIHOODS. THROUGH	
	PARTNERSHIPS WITH NATIONAL GOVERNMENTS, INCLUDING CHINA, INDIA, AND	
	MYANMAR, REGIONAL BODIES LIKE THE ASSOCIATION OF SOUTHEAST ASIAN	
	NATIONS, LOCAL CIVIL SOCIETY, AND THE PRIVATE SECTOR, LANDESA PROVIDES	
	TECHNICAL ASSISTANCE AND EXPERTISE TO STRENGTHEN LAND LAWS AND POLICY,	
	GUIDE IMPLEMENTATION EFFORTS, PROMOTE LEGAL LITERACY AND AWARENESS OF	
	RIGHTS TO LAND, AND IMPROVE OUTCOMES FOR WOMEN AND COMMUNITIES IN	
	BUSINESS SUPPLY CHAINS AND LAND-BASED INVESTMENTS.	
	DODINESS SCITET CHAINS AND BAND BASED INVESTMENTS.	
	(Code:) (Expenses \$ 2,615,603. including grants of \$ 0.) (Revenue \$	1 670 149)
4b	(Code:)(Expenses \$2,615,603. including grants of \$0.) (Revenue \$ A COMMITMENT TO RIGOROUS MONITORING AND EVALUATION UNDERGIRDS LANDESA'S	1,070,145.
	WORK. THIS PROCESS FACILITATES INTERNAL LEARNING FOR FUTURE PROJECTS	
	AND IN MANY CASES EXPANDS THE UNDERSTANDING OF LAND-RELATED	
	INTERVENTIONS AMONG THE GLOBAL DEVELOPMENT COMMUNITY. LANDESA FURTHER	
	DISSEMINATES PROJECT LEARNING, ELEVATES THE ISSUE OF LAND RIGHTS, AND	
	CULTIVATES NEW DONOR RESOURCES THROUGH STRATEGIC COMMUNICATIONS	
	EFFORTS. THESE ACTIVITIES BUILD AWARENESS AND EXPAND UNDERSTANDING OF	
	THE IMPORTANCE OF LAND RIGHTS AS A DEVELOPMENT INTERVENTION. LANDESA'S	
	CORPORATE ENGAGEMENT PROGRAM DEVELOPS TOOLS AND RESOURCES TO HELP	
	COMPANIES SHAPE LAND POLICIES THAT ALIGN WITH INTERNATIONAL STANDARDS	
	AND BEST PRACTICES, LEADING TO BETTER OUTCOMES FOR LOCAL COMMUNITIES.	
	MD BEST INICITEES, HENDING TO BETTER OUTCOMES TON BOOKE COMMONTITIES.	
40	(Code:) (Expenses \$1,369,389. including grants of \$0.) (Revenue \$	54 968)
40	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, YET 90 PERCENT	31,300.
	OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA PROGRAM WORKS	
	TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFORTS ON THE	
	CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH, RURAL	
	HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LANDESA IS	
	PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PURSUE INNOVATIVE	
	SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN, MEN AND	
	COMMUNITIES.	
	Other program conject (Decayibe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ 502,960. including grants of \$ 0.) (Revenue \$ 167,79	0 \
40	(Expenses \$ 302,500 including grants of \$ 0 ·) (Revenue \$ 107,75) Total program service expenses ▶ 7,219,185.	-•)
70	rotal program service expenses	

Form 990 (2020) RURAL DEVELOPMENT INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		,,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			•
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		l x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_ A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		116		
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ı_u		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2020) RURAL DEVELOPMENT INSTITUTE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Des	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T	X
	1 1		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c		

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Form 990 (2020) RURAL DEVELOPMENT INSTITUTE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	4	5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a	Х				
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action in the control of th	ccoun	its (FBAR).	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line Form 1996 T2			5b		^			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Oa					
b				6b					
7	Organizations that may receive deductible contributions under section 170(c).			0.0					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		х			
				7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	999 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e						
				8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
				9b					
10	Section 501(c)(7) organizations. Enter:	100	1						
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b							
ы 11	Section 501(c)(12) organizations. Enter:	LIOD		-					
'' a	Gross income from members or shareholders	 11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	- 14							
	amounts due or received from them.)	11b							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1						
	organization is licensed to issue qualified health plans	13b		_					
	Enter the amount of reserves on hand	13c							
				14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		Х			
16	If "Yes," see instructions and file Form 4720, Schedule N.	ine	ma?	40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. IFICOI	me?	16					
	If "Yes," complete Form 4720, Schedule O.			Γ	990	(0000)			

Form 990 (2020) RURAL DEVELOPMENT INSTITUTE 91-1158970 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, CT, MD, NY, OR, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEVE VITALICH - 206-528-5880			
	1424 FOURTH AVE, SUITE 430, SEATTLE, WA 98101			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	1			C)	.,,,	-	(D)	(E)	(F)
Name and title	Average	(do			ition _{more}	than c	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of
	week (list any		tor				ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				ps		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			Highest compensated employee		(W-2/1099-MISC)	,	organization
	organizations	al trus	Institutional trustee		Key employee	com p				and related
	below	ividua	tit utio	Officer	d ma /	hest o	Former			organizations
	line)	lnd	lns	0#!	Ke	Hig em	For			
(1) CHRIS JOCHNICK	40.00							205 504		0.5.450
PRESIDENT & CEO	0.00	Х		Х				225,734.	0.	27,459.
(2) ROBERT MITCHELL	40.00							454.450		05 400
ASIA REGION SR. DIRECTOR	0.00					Х		154,152.	0.	25,439.
(3) KAROL BOUDREAUX	40.00				l			450 504		10.000
CHIEF PROGRAM OFFICER	0.00				Х			159,734.	0.	12,260.
(4) MARK RUFFO	40.00							155 520	_	10 205
CHIEF DEVELOPMENT OFFICER	0.00				Х			157,739.	0.	12,305.
(5) LI PING	40.00							154 000	_	10 105
CHINA PROGRAM DIRECTOR	0.00					Х		154,280.	0.	12,125.
(6) DIANA FLETSCHNER	40.00							140 010	_	18 186
CHIEF PROGRAM OFFICER	0.00					Х		149,019.	0.	17,176.
(7) JENNIFER ABRAHAMSON CHIEF OF ADVOCACY	40.00					х		140 040	0.	11 071
(8) JOELLE PFEIFFER	40.00					^		148,842.	٠.	11,971.
CHIEF HUMAN RESOURCES OFFICER	0.00					х		1/3 330	0.	17 370
(9) STEVE VITALICH	40.00					_		143,330.	٠.	17,379.
DIRECTOR OF FINANCE	0.00			х				133,163.	0.	11 /50
(10) LEONARD ROLFES, JR.	13.00							133,103.	0.	11,459.
CHIEF OPERATING OFFICER	0.00	х		х				76,184.	0.	0.
(11) ROY PROSTERMAN	4.00	Λ		Λ				70,104.	0.	•••
TRUSTEE	0.00	х						64,272.	0.	0.
(12) VIKESH MAHENDROO	5.00							01,272.	••	<u></u>
BOARD CHAIR	0.00	х		х				0.	0.	0.
(13) TITI LIU	2,00									
VICE CHAIR	0.00	х		х				0.	0.	0.
(14) CHRIS GRUMM	2,00									
SECRETARY	0.00	Х		х				0.	0.	0.
(15) DAVID BARCLAY	2.00									
TREASURER	0.00	х		х				0.	0.	0.
(16) LUCIANA AQUINO-HAGEDORN	2.00									_
TRUSTEE	0.00	Х						0.	0.	0.
(17) JIM CARDILLO	2.00									<u> </u>
TRUSTEE	0.00	х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

FORTH 990 (2020) ROTALE DEVI									71 11007,	· Fage U
Part VII Section A. Officers, Directors, 1	<u>Γrustees, Key Em</u> μ	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more son i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) TIM HANSTAD	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(19) WANJIRU KAMAU-RUTENBERG	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(20) MUSIMBI KANYORO	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(21) MARTY KRASNEY	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(22) DOUG OGDEN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(23) MATT NIMETZ	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(24) JENNIFER POTTER	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(25) DARSHANA SHANBHAG	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(26) WILMA WALLACE	2.00									
TRUSTEE	0.00	х						0.	0.	0.
1b Subtotal							<u> </u>	1,566,449.	0.	147,573.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)							•	1,566,449.	0.	147,573.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No
3 X

13

Х

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on
	line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TMP SYSTEMS, 33 ROCKINGHAM LANE,		
SHEFFIELD, UNITED KINGDOM S1 4FW	LAND RIGHTS CONSULTING	292,708.
EAST-WEST MANAGEMENT INSTITUTE, 575		
MADISON AVE., SUITE 702, NEW YORK, NY	LAND RIGHTS CONSULTING	200,000.
DEVELOPMENT EDUCATION NETWORK - LIBERIA		
DEMENTA ROAD, GBARNGA, LIBERIA	LAND RIGHTS CONSULTING	127,190.
FOUNDATION FOR COMMUNITY INITIATIVES,		
DUARZON ROBERTSFIELD HIGHWAY, MARGIBI	LAND RIGHTS CONSULTING	114,229.
RESOURCE EQUITY		
P.O. BOX 2839, FRIDAY HARBOR, WA 98250	LAND RIGHTS CONSULTING	108,975.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	5	
	· · · · · · · · · · · · · · · · · · ·	- 000 ()

91-1158970

Form 990 (2020)
Part VIII Statement of Revenue

		Check if Schedule O	ontains	s a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
(0.40	4 -	Foderated compositions		140					
Contributions, Gifts, Grants and Other Similar Amounts									
Gra					104 461				
S, An		Fundraising events			194,461.				
a g	d	Related organizations		1d					
is,	е	Government grants (contri	butions	s) 1e	700,000.				
Sign	f	All other contributions, gifts,	grants, a	and					
but the		similar amounts not included	above	1f	6,019,371.				
ΞÓ	g	Noncash contributions included in	ines 1a-1f	f 1g \$	68,610.				
걸	h	Total. Add lines 1a-1f			•	6,913,832.			
					Business Code	, ,			
_	2 a	CONTRACT REVENUE			900099	2,098,826.	2,098,826.		
jč	_	-			70007	2,020,020.	2,050,020.		
er ne	b								
n S	С								
ra Sev	d								
Program Service Revenue	е								
<u>-</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				2,098,826.			
	3	Investment income (include			I				
		other similar amounts)			•	327.			327.
	4	Income from investment of			I				
	5	Royalties			· •				
	Ū	110yu11100		(i) Real	(ii) Personal				
	6 -	Cross routs		(1) 1.154.	(.,,				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c		1				
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i	i) Securities	(ii) Other				
		assets other than inventory	7a	125	5,290.				
	b	Less: cost or other basis							
e e		and sales expenses	7b	0	. 0.				
en	С	Gain or (loss)	7c	125	5,290.				
Revenue		Net gain or (loss)			•	5,415.			5,415.
		Gross income from fundraising				,			
)ther	o u	including \$1	-						
١		contributions reported on							
		•	,		. 0.				
		Part IV, line 18			*				
		Less: direct expenses				66.406			66.406
		Net income or (loss) from			>	-66,426.			-66,426.
	9 a	Gross income from gamin							
		Part IV, line 19		98	1				
	b	Less: direct expenses		9t					
	С	Net income or (loss) from	gaming	activities					
	10 a	Gross sales of inventory, I	ess retu	ırns					
		and allowances		I .	a				
	h	Less: cost of goods sold		I .					
		Net income or (loss) from							
-	U	Net income or (loss) from	sales UI	inventory .	Business Code				
2	4.4				Dusiness Code				
eo Te	11 a								
Miscellaneous Revenue	b								
Se Se	С								
Mis	d	All other revenue							
	е	Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction	ns		▶	8,951,974.	2,098,826.	0.	-60,684.

91-1158970

Form 990 (2020) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Seci	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete column (A).	Х
Do	not include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	148,214.	148,214.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	636,864.	9,150.	455,457.	172,257.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,548,744.	3,388,109.	680,063.	480,572.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	103,885.	69,646.	19,980.	14,259.
9	Other employee benefits	674,813.	497,687.	82,002.	95,124.
10	Payroll taxes	291,546.	169,840.	76,029.	45,677.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21,135.	16,324.	2,979.	1,832.
С	Accounting	63,744.	53,053.	6,620.	4,071.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,806,131.	1,706,175.	25,085.	74,871.
12	Advertising and promotion	52,225.	36,220.	1,716.	14,289.
13	Office expenses	121,182.	107,382.	5,365.	8,435.
14	Information technology	156,162.	105,005.	23,298.	27,859.
15	Royalties				
16	Occupancy	689,481.	475,153.	86,238.	128,090.
17	Travel	103,126.	97,685.	443.	4,998.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,792.	27,955.	8,199.	15,638.
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROJECT OPERATIONS	276,709.	272,206.	381.	4,122.
b	TELECOMMUNICATIONS	35,161.	26,397.	5,036.	3,728.
С	RECRUITMENT	14,586.	12,984.	992.	610.
d					
	All other expenses	0.000.500	E 010 10-	1 (70 000	4 404 405
25	Total functional expenses. Add lines 1 through 24e	9,820,500.	7,219,185.	1,479,883.	1,121,432.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

· u	ILΑ	Check if Schedule O contains a response or	note to an	y line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,514,277.	1	1,678,438.
	2	Savings and temporary cash investments	519,841.	2	1,565,571.		
	3	Pledges and grants receivable, net			7,724,959.	3	7,104,561.
	4	Accounts receivable, net			734,650.	4	571,132.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons		0.	5		
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0.	6		
S	7	Notes and loans receivable, net		0.	7		
Assets	8	Inventories for sale or use			0.	8	
Ä	9	Prepaid expenses and deferred charges			254,111.	9	249,663.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	507,876.			
	b	Less: accumulated depreciation	10b	426,474.	133,195.	10c	81,402.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		97,955.	15	80,671.	
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	33)	12,978,988.	16	11,331,438.
	17	Accounts payable and accrued expenses			1,668,505.	17	622,856.
	18	Grants payable				18	
	19	Deferred revenue				19	92,058.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
iabi		controlled entity or family member of any of	these pers	ons		22	
_	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third _l	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			48,251.	25	222,818.
	26				1,716,756.	26	937,732.
"		Organizations that follow FASB ASC 958,	check her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
ılan	27				199,533.	27	498,618.
B	28	Net assets with donor restrictions			11,062,699.	28	9,895,088.
Ĕ		Organizations that do not follow FASB AS	C 958, che	eck here 🕨 📖			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
sse	30	Paid-in or capital surplus, or land, building, o				30	
t As	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			11,262,232.	32	10,393,706.
	33	Total liabilities and net assets/fund balances			12,978,988.	33	11,331,438.

Form **990** (2020)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8 ,	,951,	974.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,820,		500.
3 Revenue less expenses. Subtract line 2 from line 1					526.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				
5	Net unrealized gains (losses) on investments	5			
6					
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10	,393,	706.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

RURAL DEVELOPMENT INSTITUTE

Employer identification number 91-1158970

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	orgar	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)		
1	\bigcap	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	H	A hospital or a cooperative		·			il	
	H	A medical research organization						the hospital's name
4	ш		ation operated in cor	ijunction with a nospital	described	III SECTIO	ii i/o(b)(i)(A)(iii). Liitei	the nospital s hame,
_		city, and state:						- al :
5		An organization operated for		lege or university owned	or operati	ed by a go	vernmental unit describe	ea in
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local government	vernment or governm	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general إ	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem						
		income and unrelated busir		•			• •	-
		See section 509(a)(2). (Con		(1000 00011011 011 111/1) 110		ooo aoqa	ou by the organization o	
11		An organization organized a	•	vely to test for nublic sat	ety See	section 50	19(a)(4)	
12	H	An organization organized a	•	•	•			nurnosos of one or
12		more publicly supported or	•	•	•		•	
			•					DIRECK THE DOX III
		lines 12a through 12d that					, ,	at the a
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	_		
		the supported organization			majority o	the direc	tors or trustees of the su	ipporting
	_	organization. You must o						
b	· L		anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
c	ı 🗆	☐ Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distri	ibution rec	uirement and an attentiv	veness .
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
e	. [Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I. Type II. Type III	
		functionally integrated, or					31 · 7 31 · 7 31 ·	
f	Ent	er the number of supported o	* *	,9	9 9			
		vide the following information		d organization(s)				-
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
Tota	al							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,296,867.	11,479,166.	10,083,457.	12,106,171.	6,913,832.	48,879,493.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8,296,867.	11,479,166.	10,083,457.	12,106,171.	6,913,832.	48,879,493.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						30,090,872.
6	Public support. Subtract line 5 from line 4.						18,788,621.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	8,296,867.	11,479,166.	10,083,457.	12,106,171.	6,913,832.	48,879,493.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8,728.	5,344.	1,693.	832.	327.	16,924.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				15,000.		15,000.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			717.	100.		817.
11	Total support. Add lines 7 through 10						48,912,234.
12	Gross receipts from related activities,	•	,			12	11,605,576.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi					T T	20.41
14	Public support percentage for 2020 (I					14	38.41 %
15	Public support percentage from 2019					15	40.41 %
16a	33 1/3% support test - 2020. If the						
,	stop here. The organization qualifies						
D	33 1/3% support test - 2019. If the c						. \Box
47-	and stop here. The organization qual		• •			and line 14 is 10% o	
178	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=		-	▶ □
L	meets the facts-and-circumstances test	J		, ,,			
D	10% -facts-and-circumstances test	ū				•	∪%0 UI
	more, and if the organization meets the organization meets the facts-and-circle		•				▶□
10							
10	Private foundation. If the organization	in ala not check a		i, 100, 17a, 01 170	, crieck triis box a	in see manuchons	

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No				
1						
2						
3a						
3b						
3c						
4a						
4b						
4c						
5a						
5b 5c						
- 5C						
6						
6						
7						
8						
9a						
O.						
9b						
9c						
10a						
10b						
990 or 990-EZ) 2020						

Pa	rt IV Supporting Organizations (continued)			J
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(continue}	ed)	
Secti	on D - Distributions		•	ĺ	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	5	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
<u> </u>	Excess from 2018				
<u>d</u>	Excess from 2019				
_	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
SCHEDULE A, PART	! II, LINE 10, EXPLANATION FOR OTHER INCOME:				
MISCELLANEOUS					
2018 AMOUNT: \$	717.				
2019 AMOUNT: \$	100.				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

R	URAL DEVELOPMENT INSTITUTE	91-1158970					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F	•					
	the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
LHA For Paperwork Reduce	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)					

Name of organization	Employer identification number		
RURAL DEVELOPMENT INSTITUTE	91-1158970		

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization	Employer identification number
RURAL DEVELOPMENT INSTITUTE	91-1158970

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$168,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash Complete Part II for noncash contributions.)		

Name of organization Employer identification number

RURAL DEVELOPMENT INSTITUTE 91-1158970

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	organization			Employer identification number
RURAL DE	EVELOPMENT INSTITUTE			91-1158970
Part III) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organization	s), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RURAL DEVELOPMENT INSTITUTE

Employer identification number

91-1158970

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that describes the
D	organization's accounting for conservation easements.	A. J. Historia Co. J. T. Co. Co.	Oller O're'ller Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

No

No

Nο

Nο

Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements		79,209.	49,260.	29,949.	
d Equipment		285,393.	245,958.	39,435.	
e Other		143,274.	131,256.	12,018.	
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y. column (B), line 10c.)					

Schedule D (Form 990) 2020

RURAL DEVELOPMENT INSTITUTE

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" or			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, line (b) Book value		d af.,
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	h) must squal Form 000 Port V sol (P) line 10)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
7 5.17 5.72	Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
		escription	Tra. Geer offi Goo, Fart X, into 16.	(b) Book value
(1)	()	1		()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990. Part X. col. (B) line	15.)	>	
Part X	Other Liabilities.	•		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	:
1.	(a) Description of liability			(b) Book value
(1) Fed	deral income taxes			
(2) INI	DIA GRATUITY LIABILITY			65,843.
(3) DEF	FERRED RENT			156,975.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line 2	25.)	>	222,818.
2 Liability	for uncertain tax positions. In Part XIII. provide t	ne text of the footnote t	o the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

91-1158970

Schedule D (Form 990) 2020

Page 4

Complete if the organization answered "Yes" on Form 990, Part IV, lin 1 Total revenue, gains, and other support per audited financial statements			1	9,034,823.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				7, , , , , , , , , , , , , , , , , , ,
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		82,849.		
c Recoveries of prior year grants		•		
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	82,849
3 Subtract line 2e from line 1			3	8,951,974
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,951,974
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per R	leturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
Total expenses and losses per audited financial statements			1	9,903,349
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	82,849.		
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	82,849
3 Subtract line 2e from line 1			3	9,820,500
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	l l			
b Other (Describe in Part XIII.)	4b			
b Other (Describe in Part XIII.)c Add lines 4a and 4b			4c	0 .
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	0. 9,820,500. ne 2; Part XI,
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information.	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Part XIII Supplemental Information. rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b an	d 2b; Part V, line 4	5	9,820,500

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer identification number

RURAL DEVELOPMENT INSTITUTE 91-1158970 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	e,	
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
3 Activities per Region. (T (a) Region	he following Part (b) Number of offices in the region	(c) Number of employees,	an be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
		in the region			
SUB-SAHARAN AFRICA	2	10	PROGRAM SERVICES	SECURE LAND RIGHTS	1,369,000.
EAST ASIA AND THE	4	44	PROGRAM SERVICES	SECURE LAND RIGHTS	2,210,000.
SOUTH ASIA	3	13	PROGRAM SERVICES	SECURE LAND RIGHTS	372,786.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		148,214.
SOUTH ASIA	0	0	FUNDRAISING		25,000.
EUROPE	0	0	PROGRAM SERVICES	SECURE LAND RIGHTS	296,555.
3 a Subtotal	9	67			4,421,555.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	9	67			4,421,555.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

RURAL DEVELOPMENT INSTITUTE

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
				105 005		•			
		SOUTH ASIA	SECURE LAND RIGHTS	125,807.	WIRE TRANSFER	0.			
		SOUTH ASIA	SECURE LAND RIGHTS	22,407.	WIRE TRANSFER	0.			
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreign country, ı	recognized as a tax			<u> </u>	
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	> ,		2	
3 Enter total number of other organizations or entities									

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							app. a.o.a., 0 0.,

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

RURAL DEVE	LOPMENT INSTITUTE				91-115897	0	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	sed funds through any of the followin e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes		
(i) Name and address of individual or entity (fundraiser) (ii) Activity			Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
GLOBAL PHILANTHROPIC	ASIA FUNDRAISING	Yes	No				
INTERNATIONAL - ROOM 304, 3RD	CONSULTING		Х	0.	25,000.	-25,000.	
Total 25,000							
CA, CT, MD, NY, OR, VA, WA							

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr						
		or idital along event contributions and gr	(a) Event #1 SEED THE CHANGE GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	194,461.	, , , ,		194,461.		
Œ	2	Less: Contributions	194,461.			194,461.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
(A	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs	10,000.			10,000.		
irect E	7	Food and beverages	8,625.			8,625.		
	8	Entertainment	11,500.			11,500.		
	9	Other direct expenses	36,301.			36,301.		
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	66,426.		
_		Net income summary. Subtract line 10 from I				-66,426.		
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
eve								
	1	Gross revenue						
es S	2	Cash prizes						
Expens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
_	-	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
		Not receive in the second of t	7 for any 15 or of the section (al)		_			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_			
9		er the state(s) in which the organization condu	_					
a Is the organization licensed to conduct gaming activities in each of these states?								
b	If "	No," explain:						
	_							
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	minated during the tax year? Yes No				
	_							

Sch	edule G (Form 990 or 990-EZ) 2020 RURAL DEVELOPMENT INSTITUTE 9	1-1158970)	Page 3
11	Does the organization conduct gaming activities with nonmembers?		⁄es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		es	No
13	Indicate the percentage of gaming activity conducted in:	— .		
	a The organization's facility	13a		%
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130]		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	D	′ es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	blicotoffonicei Employee macpendent contractor			
17	Mandatory distributions:			
	•			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		⁄es	□ Na
	retain the state gaming license?		162	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;		
Da	organization's own exempt activities during the tax year \$ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: GLOBAL PHILANTHROPIC INTERNATIONAL			
/ T \	ADDRESS OF FUNDRAISER:			
(1)	ADDRESS OF FUNDRAISER:			
ROO	OM 304, 3RD FLOOR, TESBURY CENTER, 28 QUEENS ROAD EAST, HONG KONG, HONG K			
	·			

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	RURAL DEV	ELOPMENT	INSTITUTE	91-1158970	Page 4
Part IV	Supplemental Infor	mation _{(cor}	ntinued)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

RURAL DEVELOPMENT INSTITUTE

Employer identification number 91-1158970

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.0		
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
	tradices, and officers, including the OLO/Exceditive birector, regarding the terms effected of fine fa:			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed an Form 000. Part VII. Section A line 1s, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		10		х
a	Receive a severance payment or change-of-control payment?	4a 4b		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	4c		х
С		40		44
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		х
5	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а		6a		х
	The organization? Any related organization?	6b		х
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0		8		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	L°		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	۹		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

RURAL DEVELOPMENT INSTITUTE 91-1158970

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) CHRIS JOCHNICK	(i)	225,734.	0.	0.	6,847.	20,612.	253,193.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT MITCHELL	(i)	154,152.	0.	0.	4,827.	20,612.	179,591.	0.
ASIA REGION SR. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAROL BOUDREAUX	(i)	159,734.	0.	0.	4,789.	7,471.	171,994.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK RUFFO	(i)	157,739.	0.	0.	4,789.	7,516.	170,044.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LI PING	(i)	154,280.	0.	0.	4,654.	7,471.	166,405.	0.
CHINA PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANA FLETSCHNER	(i)	149,019.	0.	0.	4,628.	12,548.	166,195.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER ABRAHAMSON	(i)	148,842.	0.	0.	4,500.	7,471.	160,813.	0.
CHIEF OF ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOELLE PFEIFFER	(i)	143,330.	0.	0.	4,360.	13,019.	160,709.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number RURAL DEVELOPMENT INSTITUTE 91-1158970

rai		Types	of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported Form 990, Part VIII, I	l on	(d) Method of de noncash contribu	etermin	_	8
1	Art -	Works of a	art								
			treasures								
			interests								
4			blications								
			ousehold goods								
5											
6			vehicles								
7			nes								
8			perty	X	8	6.9	610	AVERAGE SHARE VA	ת שוו ז	አ ጥ ፔי	
			blicly traded		•	00	,010.	AVERAGE SHARE VA	пов р	AIE.	
10			sely held stock								
11			tnership, LLC, or								
			scellaneous								
13			ervation contribution -								
		oric structu									
14			ervation contribution - Other								
15			esidential								
16			ommercial								
17	Real	estate - O	ther								
18	Colle	ectibles									
19	Food	l inventory	,								
20	Drug	s and med	dical supplies								
21	Taxio	dermy									
22	Histo	orical artifa	cts								
23	Scien	ntific spec	imens								
			artifacts								
25	Othe	er 🕨 ()								
26	Othe	er 🕨 ()								
27	Othe	er 🕨 ()								
28	Othe	er 🕨 ()								
29	Num	ber of For	ms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for w	hich the c	rganization completed Form 828	33, Part V, D	onee Acknowledg	ement2	9			0	
										Yes	No
30a	Durir	ng the yea	r, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1	throug	h 28, that it			
	must	hold for a	at least three years from the date	of the initia	I contribution, and	which isn't required t	o be us	sed for			
			ses for the entire holding period?			·			30a		Х
b			be the arrangement in Part II.								
31		,	nization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard co	ontribut	ions?	31	х	
		-	nization hire or use third parties o	-	•	•					
		ributions?	•		9	, ,			32a		Х
b			be in Part II.								
33			ion didn't report an amount in co	olumn (c) foi	a type of property	for which column (a)	is cher	cked.			
-		ribe in Par	•	(5) 101	-,,	(4)	_ 550	· · · · · ·			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Internal Revenue Service **Employer identification number** Name of the organization RURAL DEVELOPMENT INSTITUTE 91-1158970 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: WOMEN AND MEN TO PROVIDE OPPORTUNITY AND PROMOTE SOCIAL JUSTICE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SOCIAL AND LEGAL BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERIT LAND. THE LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AWARENESS PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AND CREATE NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO ELEVATE WOMEN'S LAND RIGHTS AS A KEY DEVELOPMENT PRIORITY. THROUGH THE STAND FOR HER LAND CAMPAIGN AND OTHER GLOBAL ADVOCACY EFFORTS, LANDESA IS BUILDING A MOVEMENT FOR GENDER-EQUAL RIGHTS TO THE WORLD'S MOST FUNDAMENTAL RESOURCES BY PROMOTING GENDER-EQUAL RULE OF LAW ON LAND FROM GRASSROOTS TO GLOBAL LEVEL. AND THROUGH CAPACITY DEVELOPMENT FOR GOVERNMENTS AND CIVIL SOCIETY PARTNERS. EXPENSES \$ 502,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 167,790. FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: BURMA, CHINA, INDIA, LIBERIA TANZANIA FORM 990, PART VI, SECTION B, LINE 11B: AFTER THE FINAL DRAFT OF THE FORM 990 IS PREPARED, IT IS REVIEWED BY

MANAGEMENT FOR ACCURACY AND COMPLETENESS AND DISTRIBUTED TO ALL MEMBERS OF

THE BOARD OF DIRECTORS FOR REVIEW.

Name of the organization RURAL DEVELOPMENT INSTITUTE		Employer identification number 91-1158970
		31 1100370
FORM 990, PART VI, SECTION B, LINE 12C:		
EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT AT TIME OF EMPI	LOYMENT; THE	
BOARD ANSWERS AN ANNUAL QUESTIONNAIRE. WHETHER OR NOT A CONFLIC	CT EXISTS IS,	
BETWEEN REVIEWS, SELF-DETERMINED. IF THERE IS A POTENTIAL CONFI	LICT, THE	
BOARD MEMBER SPEAKS WITH MANAGEMENT AND THE EXECUTIVE COMMITTEE	; THE	
EMPLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE OF	OF ACTION.	
ANY RESTRICTION WOULD BE BASED ON THE CONFLICT.		
FORM 990, PART VI, SECTION C, LINE 19:		
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION	'S WEB SITE.	
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD I	BE PROVIDED	
UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER:		
PROGRAM SERVICE EXPENSES	1,706,175.	
MANAGEMENT AND GENERAL EXPENSES	25,085.	
FUNDRAISING EXPENSES	74,871.	
TOTAL EXPENSES	1,806,131.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,806,131.	
FORM 000 DADE VIT LINE OF AND PARE TO LINE 100		
FORM 990, PART XII, LINE 2B AND PART IV, LINE 12B:		
ACTIVITY REPORTED ON THIS FORM 990 AND ITS AUDITED FINANCIAL ST	PATEMENTS	
INCLUDES ALL ACTIVITY FOR ENTITIES REPORTED ON SCHEDULE R.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	nployer identification number			
RURAL DEVELOPMENT INST	PITUTE			91-1158970
Part I Identification of Disregarded Entities. Complete	if the organization answered "Yes" or	n Form 990, Part IV, line 33.		

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LANDESA CONSULTING LLC - 27-5292266					
1424 4TH AVE SUITE 300					LANDESA (RURAL
SEATTLE, WA 98101	LAND RIGHTS LAW	WASHINGTON		14,781.	DEVELOPMENT INSTITUTE)
LANDESA FOUNDATION FOR INNOVATIONS IN					
DEVELOPMENT, A-21, 3RD FLOOR, AUROBINDO					LANDESA (RURAL
MARG, GREEN PARK MAIN, NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	23.	665.	DEVELOPMENT INSTITUTE)
RURAL DEVELOPMENT INSTITUTE					
A-21, 3RD FLOOR, AUROBINDO MARG, GREEN PARK					LANDESA (RURAL
NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	19,530.	3,608.	DEVELOPMENT INSTITUTE)

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	rolled
						Yes	No
-							
	-						
	1						

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		O I - I - if II i I i	IIX/II F 000	Deat D/ Pers 04 Income 2 Income	for a second contract of the second
D III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, because it had	i one or more related
	organizations treated as a partnership during the tax year.	3	,	,	

(a) Name, address, and EIN of related organization	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f) Share of total income	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of end-of-year assets	Percentage ownership	ent	i) ction b)(13) rolled ity?
		country)						Yes	No
LANDESA CONSULTING PRIVATE LIMITED									
A-21, 3RD FLOOR, AUROBINDO MARG, GREEN PARK			LANDESA						
NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	CONSULTING LLC	C CORP		9,941.	100%	Х	

art V	Transactions With Related Organizations.	Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
-------	--	---	--------------------	-------------------------------

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х		
					10		Х		
р	p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses							Х		
r	r Other transfer of cash or property to related organization(s)								
s	Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete this	s line, including covered re	elationships and transaction thresholds.					
	-	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved							
(1)									
(2)									
(3)									
(0)									
(4)									
<u>(5)</u>									
(6)									
		•		Calcadula D	/F	- 000	0000		

Schedule R (Form 990) 2020 RURAL DEVELOPMENT INSTITUTE 91-1158970 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	'
							++			\vdash	+
							I				
							+				_
					1						
							T				
							\sqcup			$\sqcup \!\!\!\! \perp$	
	•										
							+			\vdash	+